

**ATTACHMENT B - NOTICE OF INTENT (NOI)****FOR COVERAGE PURSUANT TO WATER QUALITY ORDER NO. 2009 - 0006 – DWQ****GENERAL PERMIT FOR  
LANDSCAPE IRRIGATION USES OF MUNICIPAL RECYCLED WATER****I. Distributor (Required)<sup>1</sup>:**

Agency / Organization / Name: The Batcave			
Conveyance Role (Check all that apply): <input type="checkbox"/> Recycled Water Retailer <input type="checkbox"/> Recycled Water Supplier <input type="checkbox"/> Recycled Water Wholesaler		Distributor declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Recycled Water Conveyance Role: Kinda not really			
Existing Water Reclamation Requirements (if any):		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address: 1111 Main Street			
City: Sacramento	County: Sacramento	State: CA	Zip: 95814
Phone Number: 916-111-1111		Fax Number:	
Contact Person: Bruce Wayne		E-Mail:	
Facility, if any:			
Facility Address:			
City:	County:	Zip:	

**II. Producer (Required)<sup>1</sup>:**

Agency / Organization: The Batcave			
Producer declares responsibility for administering program necessary to fulfill the requirements of this General Permit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Order Number:	WDID:	Treatment: <input type="checkbox"/> Disinfected Tertiary <sup>2</sup> <input type="checkbox"/> Advanced <sup>3</sup>	
Existing Water Reclamation Requirements (if any):		Do you request to rescind the identified existing WRRs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Mailing Address: 1111 Main Street			
City: Sacramento	County: Sacramento	State: CA	Zip: 95814
Phone Number: 916-111-1111		Fax Number:	
Contact Person: Bruce Wayne		E-Mail:	
Facility: The Batcave			
Facility Address: 1111 Main Street			
City: Sacramento	County: Sacramento	Zip: 95814	

<sup>1</sup> Attach multiple sheets if necessary; only one administrator of this General Permit is allowed per NOI.

<sup>2</sup> As defined in California Code of Regulations Title 22, sections 60301.230 and 60301.320

<sup>3</sup> Achieves "disinfected tertiary" quality and includes additional treatment.

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**III. Billing Address (Required):**

Agency / Organization / Name: The Batcave			
Mailing Address: 1111 Main Street			
City: Sacramento	County: Sacramento	State: CA	Zip: 95814
Phone Number: 916-111-1111		Fax Number:	
Contact Person: Bruce Wayne		E-Mail: batman@brucewayne.com	

**IV. Salt and Nutrient Management Plans (required)**

For projects where Salt and Nutrient Management Plan is in effect.	
Basin Number: 1111	Basin Name: The Batcave
Salt and Nutrient Management Plan, approved by a Regional Water Board?	
<input checked="" type="checkbox"/> Yes Region 5S - Sacramento	
<input type="checkbox"/> No; check one of the two boxes below:	
<input type="checkbox"/> Under development, estimated completion date:	I am actively participating in this development effort.
<input type="checkbox"/> No organized effort to develop a Salt and Nutrient Management Plan for the basin exists at this time. I will actively participate in the development of a Salt and Nutrient Management Plan when the effort commences.	
For projects where Salt and Nutrient Management Plan is <b>not</b> in effect.	
Antidegradation analysis completed consistent with Recycled Water Policy Paragraph 9d.(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**V. Certification (Required):**

<i>I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009- 0006 -DWQ. I also agree to adhere to the Operation &amp; Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I also agree that, where an applicable Salt and Nutrient Management Plan is adopted by a Regional Water Board, I will ensure full compliance by all producers and distributors under this permit to any monitoring and reporting elements therein. Upon approval of coverage under the General Permit I will assume responsibility for administering an appropriate program necessary to fulfill the requirements of Water Quality Order No. 2009- 0006 -DWQ. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.</i>		
I.	Signature of Administrator:	Title: <b>Batman</b>
	Printed or Typed Name: <b>Bruce Wayne</b>	Date:

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*I hereby agree to meet and follow the requirements set forth in Water Quality Order No. 2009- 0006 -DWQ. I also agree to adhere to the Operation & Maintenance Plan, submitted herewith, and to ensure the proper use of recycled water for landscape applications. I declare under the penalty of law that I have personally examined and am familiar with the information submitted in this document, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.*

I.	Signature of Distributor <sup>4,5</sup> :	Title: <b>Batman</b>
	Printed or Typed Name: <b>Bruce Wayne</b>	Date:
II.	Signature of Producer <sup>6</sup> :	Title:
	Printed or Typed Name: <b>Bruce Wayne</b>	Date:

<sup>4</sup> For additional distributors other than the Administrative Distributor.

<sup>5</sup> Attach multiple sheets if necessary.

<sup>6</sup> Attach multiple sheets if necessary.